DWS-UI Form 3HADJC Rev. 6/09

Utah Department of Workforce Services

Unemployment Insurance
140 East 300 South
P.O. Box 45288
Salt Lake City, Utah 84145-0288
TEL (801) 526-9235 option 2 • Toll Free 1-800-222-2857 option 2
FAX (801) 526-9236



AMENDED WAGE LIST CONTINUATION SHEET

Page _____ of ____

EMPLOYER NAME AND ADDRESS		REGISTRATION NO		
		FOR QTR ENDING		
		QTR	YEAR	
		PAGE OF		
SOCIAL SEC. #	EMPLOYEE NAME	WAGES REPORTED ON WAGE LIST	CORRECT WAGES	DIFFERENCE
TOTALS				